

Inflammatory Mass of the Falciform Ligament Mimicking Neoplasia

Falsiform Ligamanın Tümörü Taklit Eden Yangısal Kitlesi

Falsiform Ligamanın Yangısal Kitlesi / Inflammatory Mass of the Falciform Ligament

Mehmet Yildirim¹, Ozgur Oztekin²

¹Departments of Surgery, ²Radiology, Izmir Bozyaka Teaching and Research Hospital, Izmir, Turkey

To the editor:

Inflammatory tumoral mass of the falciform ligament is a rare lesion. It may be associated with acute pancreatitis. When localized falciform ligament lesions tend to be malign or benign neoplasia, often it is not recognize until the surgical procedures[1-3]. Herein, we report a 68-year-old woman presents with a chief complaint of abdominal pain and vomiting despite oral antibiotic therapy and intravenous fluid replcement for acute pancreatitis.

Examination of the upper right quadrant of abdomen showed tenderness and positive Murphy's sign. Ultrasound examination revealed a well ovoid mass between left lobe of the liver and anterior abdominal wall and cholelithiasis. Sonogram confirmed anecoic tubuler structures likes lymphoid channels in the mass. (Figure 1-A) MRI of the lesion showed a mass in 7 cm diameter hypoechoic focuses in T1 signal and hyperechoic focus in T2 signal with a little unsignally area anteriorly. (Figure 1-B,C)

We was planned a diagnostic laparotomy for the tumoral mass in the falciform ligament. Laparotomy revealed a large lipomatous lesion situated between the leaves of the falciform ligament, and also cholelithiazis and oedematous pancreatitis.

The total excision of the tumoral mass and cholecystectomy was performed. The lipomatous mass measuring 15x10 cm was containing a thin capsule and enlarged lymphovascular collateral vessels, and it was not infiltrate the adjacent structures. In cut section of the tumoral lesion was yellow colored with purulent fluid, cystic degeneration and focal hemorrhagic areas.(Figure 1-D) Microscopically, it was intensed with fat necrosis and hemorrhagic areas. The main celluler component was diffuse inflammatory cells.The histologic findings were consistent with inflammatory tumoral mass.

The patient was discharged uneventfully on the seventh postoperative day.

The main effect of the pancreas juice relased into the different location of the abdomen is destruction of organs, tissues and ligaments. Pancreatic juice can flow in different ways: pararenal space, retroperitoneal region, hepatoduodeal and falciform ligament etc [4]. The Glisson sheath provides a space for the spread of inflammation between the folds of falciform ligament. It makes an inflammatory mass mimicking neoplasia when invade and destroyed the connective tissue of the falciform ligament. Many patients are asymptomatic and are diagnosed incidentally with a tumoral mass in nonspecific shape and configuration on CT or MRI. It is difficult to differantiate an inflammatory mass from other lesions such as primary tumor of the falciform ligament,sarcoma,cysts,and hematoma.

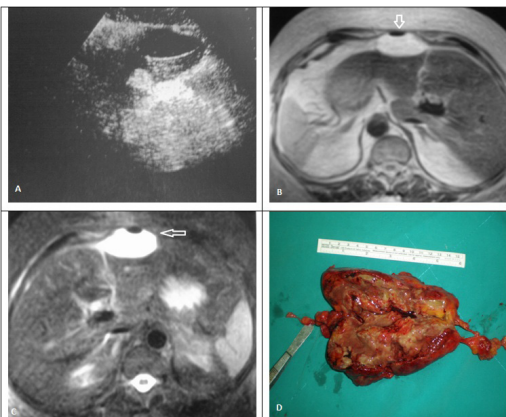


Figure 1. Ultrasound of upper abdomen showing a mass between liver and abdominal wall(A). CT scan showing hypoechoic mass in T1 signal and hyperechoic lesion in T2 signal(B-C)(arrows). Macroscopic appearance of the inflammatory mass(D).

In our view, diseases of the falciform ligament does not require surgical intervention except congenital lesions, internal hernia, neoplastic and inflammatory masses. We think that early and complete surgical resection of the mass provides cure and prevents local abscess formation. As a result, a tumoral lesion suggested with upper imaging studies must be considered as an infiltrative mass lesion in patients with pancreatitis; however, a differential diagnosis can be made with histologic studies.

References

1. Harish K, Ashok AC, Alva NK. Low grade fibromyxoid sarcoma of the falciform ligament: a case report. BMC Surg 2003;3:7. doi:10.1186/1471-2482-3-7
2. de Melo VA, de Melo GB, Silva RL, Aragao JF, Rosa JE. Falciform ligament abscess: report of a case. Rev Hosp Clin Fac Med Sao Paulo 2003;58(1):37-8.
3. Sari S, Ersöz F, Güneş ME, Paşaoğlu E, Arıkan S. Hematoma of the falciform ligament: a rare cause of acute abdomen. Turk J Gastroenterol 2011;22(2):213-5.
4. Siegelman SS, Copeland BE, Saba GP, Cameron JL, Sanders RC, Zerhouni EA. CT of fluid collections associated with pancreatitis. AJR 1980;134(6):1121-32.